



New Employee Orientation Form completion

Before New Employee Orientation

- Congratulations on your new career at a Technician with the Colorado National Guard. We are excited for you to join our team!
- NEO will be held in the HRO conference room in the two story building and we will start at 0820 unless told otherwise.
- We are asking all new employees to take some time to the time to complete the following forms in order to expedite NEO and to get your pay set up quicker.

New Technician in-processing checklist AIR

New Technician In-Processing Checklist

New Technician:

☐
☐

Technician Name (Print Last, First, MI): _____

Unit of Assignment: _____

ATAAPS: _____ ROSTER: _____ (GET THIS INFO FROM YOUR
TEAM: _____ SUPERVISOR or TIMEKEEPER)

☐

AF Form 1745, Address Change Form

☐

FMS Form 2231 Direct Deposit Form

☐

IRS Form W-4

☐

AF IMT 3821 (Supervisor fills out section A only and signs it)

☐

EDIPI number (DOD-ID number from the back of your CAC card): _____

☐

Status (Circle One): Permanent Temporary Indefinite

☐

Work Schedule (Circle One): 5/4-9 4/10 5/8 FLEX

☐

Shift (Circle One): 1 2 3

☐

Have you been a Technician with the COANG before? (Circle One): YES NO

☐

Official duty hours: _____ - _____

☐

Supervisor Name: _____

☐

Supervisor Phone Number: _____

Finance:

☐

Completed new-gain package

☐

Completed AF IMT 3821 (140th CPTF/FMA-Budget completes section B)

☐

Create in ATAAPS

☐

Second Weds/Thurs of pay period, gain DCPS pay record

☐

Scan entire package (New-Gain package, SF-50 action 3821 in to Employee File)

Processor Initials _____

Processed Date: _____

ATTENTION: If you do not turn this completed package in to Finance by the second Tuesday of the first pay period you are working, you will not get paid on time. Please contact TSgt Kayci Moscoe, ext. 847-9689, with any questions.

Complete
the sections
that are
circled

New Technician in-Employee accounting data AIR

Complete the highlighted sections. Your supervisor will sign for section 5.

EMPLOYEE ACCOUNTING DATA - DEFENSE CIVILIAN PAY SYSTEM - BASE LEVEL			
INSTRUCTIONS			
<p><i>This form is to be completed for:</i></p> <p style="margin-left: 40px;">a. All new and permanent change of station employees. Forward to the Civilian Payroll Office prior to the end of the employee's first pay period so that the employee can be paid.</p> <p style="margin-left: 40px;">b. All employees changing accounting classification. Forward to the Civilian Payroll Office prior to the end of the pay period affected by the change, or the employee will be charged to the wrong funds.</p>			
SECTION A - TO BE COMPLETED BY SUPERVISOR AND FORWARDED TO RESOURCE MANAGER			
1. EMPLOYEE'S SOCIAL SECURITY NUMBER <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	2. EFFECTIVE DATE EMPLOYEE WILL BE CHARGED TO ACCOUNTING CLASSIFICATION <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	(YYYYMMDD) <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
3. EMPLOYEE'S NAME (Last, First, Middle Initial) <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		4. OFFICE SYMBOL EMPLOYEE WILL BE ASSIGNED TO <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
5. SUPERVISOR'S SIGNATURE NOTE: Must be appointed on DD577 (Timekeeper) to sign as Supervisor.		6. DATE SIGNED <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
INSTRUCTIONS FOR RESOURCE MANAGER			
<p>1. Complete SECTION B for employees funded by the Air Force, assigned to the base, and charged to the base.</p> <p>2. Complete SECTION C for employees funded by other than the Air Force, such as employees charged to the Army, Navy, NAF, etc. Also use for Air Force employees detailed from another base.</p>			
ELEMENT CODE			
AADS	Accountable Accounting & Disbursement Station Number	BPAC/PROJ	Budget Project Activity Code
OAC	Operating Agency Code	RCCC	Responsibility Center/Cost Center
OBAN/ASN	Operating Budget Account Number/Allotment Serial Number	PEC	Program Element Code
FC	Fund Code	ESP	Emergency Special Project
MFP	Major Force Program	EEIC/SHRED	Element of Expense Investment Code
		SPEC STATUS	Special Status
SECTION B - TO BE COMPLETED BY RESOURCE MANAGER AND FORWARDED TO CIVILIAN PAYROLL			
<p><i>Section B requires only minimum elements. The elements not contained in this section, that are needed to complete the accounting classification, will</i></p>			

ADDRESS CHANGE FORM					
PRIVACY ACT STATEMENT Personal Information is solicited on this form. As required by the Privacy Act of 1974, we advise: 1. AUTHORITY: 37 U.S.C. 101 et seq, 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67, 71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943. 2. PRINCIPAL PURPOSES: To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds. 3. ROUTINE USES: Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. Treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes. 4. DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.					
Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.					
SECTION 1					
NAME _____		SSN _____		CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/>	
NEW MAILING ADDRESS					
NUMBER, STREET, PO BOX _____					
CITY, STATE, ZIP, APO/FPO _____					
NEW ORGANIZATIONAL ADDRESS					
UNIT/OFFICE SYMBOL _____		DUTY PHONE _____		BOX NO _____	
		RNLTD _____		DEPARTURE DATE _____	
GRADE _____		LOCAL ADDRESS _____		HOME PHONE _____	
FORWARDING ADDRESS _____					
SECTION 2					
ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS					
BOND #1	<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)		<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)		
	NAME TO WHOM MAILED _____		NAME TO WHOM MAILED _____		
	NUMBER, STREET, PO BOX _____		NUMBER, STREET, PO BOX _____		
	CITY, STATE, ZIP, APO/FPO _____		CITY, STATE, ZIP, APO/FPO _____		
BOND #2	<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)		<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)		
	NAME TO WHOM MAILED _____		NAME TO WHOM MAILED _____		
	NUMBER, STREET, PO BOX _____		NUMBER, STREET, PO BOX _____		
	CITY, STATE, ZIP, APO/FPO _____		CITY, STATE, ZIP, APO/FPO _____		
BOND #3	<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)		<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)		
	NAME TO WHOM MAILED _____		NAME TO WHOM MAILED _____		
	NUMBER, STREET, PO BOX _____		NUMBER, STREET, PO BOX _____		
	CITY, STATE, ZIP, APO/FPO _____		CITY, STATE, ZIP, APO/FPO _____		
BOND #4	<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)		<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)		
	NAME TO WHOM MAILED _____		NAME TO WHOM MAILED _____		
	NUMBER, STREET, PO BOX _____		NUMBER, STREET, PO BOX _____		
	CITY, STATE, ZIP, APO/FPO _____		CITY, STATE, ZIP, APO/FPO _____		
SIGNATURE OF MEMBER / EMPLOYEE _____				DATE _____	

ADDRESS CHANGE - AIR FORCE

Current
address

Ignore the New
Organizational
Address and
Section 2

Sign and
date

New technician Accounting Info- ARMY

COARNG EMPLOYEE ACCOUNTING INFORMATION

EMPLOYEE NAME	Complete with all your information			
EMPLOYEE SSN				
EFFECTIVE DATE				
JOB TITLE/ PAY SCALE				
UNIT OF ASSIGNMENT				
STATUS	PERM	INDEF	TEMP	
WORK SCHEDULE	4/10	5/8	5/4-9	FLEX
SHIFT	1	2	3	
DUTY HOURS				
SUPERVISOR NAME	Put in your supervisor's information plus your contact information			
SUPERVISOR PHONE NUMBER				
EMPLOYEE EMAIL				
EMPLOYEE PHONE NUMBER				

Circle all
applicabl
e
informati
on

EMPLOYEE SIGNATURE
Date:

SIGN HERE

ADDRESS CHANGE - ARMY

DATE: _____

MEMORANDUM FOR Customer Service Representative, Army Civilian Pay
SUBJECT: Change of Mailing Address

**Current
address**



1. _____
(NAME) (SSN-REQUIRED)
Mailing Address for W2s and Leave and Earnings Statement (LES)

(Street, Route or P.O. Box #)

(City, State, Zip Code)

2. My work telephone number is: (____) _____.

3. **This change does not affect my Electronic Fund Transfer** for payroll.

To change banks and/ or account numbers requires a SF 1199A to be completed by both the member **AND** the financial institution.

4. Forward this completed form to:
USPFO for Colorado
ATTN: COPFO-PE/ Civ. Pay
660 South Aspen St. Stop #34
Aurora, CO 80110-9551
Phone: (720) 847-8665

Signature



(Individual Signature- **REQUIRED**)

*This MEMORANDUM is effective 10 October 1995 and replaces DMA Form 32.

DIRECT DEPOSIT FORM AIR FORCE

FASTSTART

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

(HOME)

2. TYPE OF ACCOUNT

- ☐ Checking
☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
☐ Travel
☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT
NUMBER

Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Check One)

- ☐ Savings (whole dollar amounts only)
☐ Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

- ☐ SAVINGS
☐ CHECKING

ACTION
(Check One)

- ☐ START
☐ CANCEL
☐ CHANGE

AMOUNT
(Check One)

- ☐ INCREASE TO:
☐ DECREASE TO:
New Total \$

ALLOTTEE NAME
(person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION



*

EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

Use this box
for the last
digit of the
routing
number

Sign
Here

Complete the
highlighted
sections.

DIRECT DEPOSIT FORM ARMY

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) ADDRESS (street, route, P.O. Box, APO/FPO) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS											
B NAME OF PERSON(S) ENTITLED TO PAYMENT		E DEPOSITOR ACCOUNT NUMBER <div></div>											
C CLAIM OR PAYROLL ID NUMBER <div></div> PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		F TYPE OF PAYMENT (Check only one) <table border="0"><tr><td><input type="checkbox"/> Social Security</td><td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td></tr><tr><td><input type="checkbox"/> Supplemental Security Income</td><td><input type="checkbox"/> Mil. Active</td></tr><tr><td><input type="checkbox"/> Railroad Retirement</td><td><input type="checkbox"/> Mil. Retire.</td></tr><tr><td><input type="checkbox"/> Civil Service Retirement (OPM)</td><td><input type="checkbox"/> Mil. Survivor</td></tr><tr><td><input type="checkbox"/> VA Compensation or Pension</td><td><input type="checkbox"/> Other (specify) _____</td></tr></table>		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire.	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay												
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active												
<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire.												
<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor												
<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other (specify) _____												
G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table border="1"><tr><td>TYPE</td><td>AMOUNT</td></tr><tr><td></td><td></td></tr></table>		TYPE	AMOUNT			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.							
TYPE	AMOUNT												
SIGNATURE DATE		SIGNATURE DATE											
SIGNATURE DATE		SIGNATURE DATE											

X

Use this box for
the last digit of
the routing
number

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <div></div>		CHECK DIGIT <div></div>
		DEPOSITOR ACCOUNT TITLE N/A		
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Reset

Your Information

W-4

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2015	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck				6	\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				7	
Employee's signature (This form is not valid unless you sign it.)				Date	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2015)

Sign and date

STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

1. Name (Last, First, Middle Initial) 2. Social Security Number 3. Date of Birth (Month, Day, Year)

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
☐ Yes — If "Yes", check this block and skip to Item 8. ☐ No — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
☐ Yes — If "Yes", list the following information. ☐ No — If "No", go to Item 7.

ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, etc.) Reason for Absence (on pay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?

☐ No ☐ Yes — Check one of the statements, if it applies to you. I claim preference as the:
☐ Spouse of a disabled veteran ☐ Mother of a deceased or disabled veteran ☐ Unmarried widow/widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature Date

Your Information

Statement of Prior Federal Service

**Prior
Federal
Service
Time
(Including
Temp Tech)**

**Sign and
date**

**Active Duty/Title
10**

Form Approved
OMB No. 3206-0182

Declaration for Federal Employment

GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆ Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO If "NO" skip 7b and 7c. If "YES" go to 7b.

7b. Have you registered with the Selective Service System? ☐ YES ☐ NO If "NO" go to 7c.

7c. If "NO," describe your reason(s) in item #18.

Military Service

8. Have you ever served in the United States military? ☐ YES Provide information below ☐ NO
If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From MMDDYYYY	To MMDDYYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 18th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Your Information
in sections 1-6.**

DECLARATION OF FEDERAL EMPLOYMENT OF 306

**WRITE DOWN ANY
TIME YOU WERE
DISCHARGED FROM
ANOTHER SERVICE**

**Answer these questions
honestly. This should not affect
your job but you must be up
front. Explain all 'Yes' answer on
the back.**

Declaration for Federal Employment

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 18 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.

YES NO
☐ ☐

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

YES NO
☐ ☐

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date: _____
(Sign in ink)

17b. Appointee's Signature: _____ Date: _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES NO Do Not Know
☐ ☐ ☐

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES NO Do Not Know
☐ ☐ ☐

DECLARATION OF FEDERAL EMPLOYMENT (CONT)

Sign the Applicant's
Signature

See you at NEO!

- Thank you for taking the time to fill out your forms. We will go over your documents in NEO to ensure everything is complete and accurate.
- Don't forget to bring the forms you've completed along with your two forms of ID.
- Please call TSgt Miriah Mitchell for questions or concerns at 720-250-1164 or by email at miriah.j.mitchell.mil@mail.mil

THANK YOU!